T	exas	Εtt	nics	Con	nmission
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Austin, Texas 78711-2070

(512)463-5800

1-800-325-8506

		TE/OFFICEHOLDER N FINANCE REPORT	CITY ANTONIO CITY ANTONIO ANTONIO ANTONIO ANTONIO ANTONIO	FORM C/OH COVER SHEET PG 1	
	ne C/OH INSTRUCTION	N GUIDE explains how to complete	TACCOUNT# (Ethics Commission filers)	2 Total pages filed:	
3	CANDIDATE / OFFICEHOLDER	TITLE FIRST .	MI C.	OFFICE USE ONLY	
	NAME	NICKNAME LAST / MORTING Z	SUFFIX	Date Received	
4	CANDIDATE / OFFICEHOLDER ADDRESS Change of Address	· · · · · · · · · · · · · · · · · · ·	en Ordania, Tras 7824	Date Hand-delivered or Date Postmarked	
5	CAMPAIGN TREASURER	TITLE FIRST Henry	Мі		
	NAME			Receipt # Amount	
		NICKNAME LAST $P_a/6C_1$	U5 SUFFIX	Date Processed	
				Date Imaged	
6	CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUI		ZIP CODE	
7	CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (3/0) 545-5242	EXTENSION		
8	REPORT TYPE	January 15 30th day before election July 15 8th day before election	_	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)	
9	PERIOD COVERED	Month Day Year 5 /21/01 THRO	Month Day	Year / 0 /	
10	ELECTION	ELECTION DATE Month Day Year 5 / 29 / 9 Primary	PE Runoff	General Special	
11	OFFICE	OFFICE HELD (if arry)	12 OFFICE SOUGHT (if know	101 Dist 4#	
13	NOTICE OF DIRECT CAMPAIGN EXPENDITURE	Direct campaign expenditures are campaign expe Candidates are required to disclose this information of the control of the campaign expenditures.	enditures made by others without the can	didate's prior consent or approval.	
	BY OTHER INDIVIDUALS	Name	<u>-</u>	- , ·	
	additional pages	Address / PO Box; Apt. / Suite #: City: State:	Zip Code		
	GO TO PAGE 2				

CANDIDA.	TE) OFFICEHOLDER REPOR	T: FORM C/OH		
SUPPORT	C & TOTALS	COVER SHEET PG 2		
14 COH NAME	Randa Mark	15 ACCOUNT #(Ethics Commission flers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political expenditures by political committee may have been made without the candidate's or officeholder's knowledge this information only if they receive notice of such expenditures.	es to support the candidate / officeholder. These expecitives		
	COMMITTEE TYPE O MAIN OF MONE	line z		
	GENERAL COMMITTEE ADDRESS SPECIFIC 154 John San Jaj	anio Tron 78214		
additional pages	COMMITTEE CAMPAIGN TREASURER NAME O O O O O O O O O O O O O O O O O O O			
	3335 Sachwill. S.	on Ostonio, Taxas 78247		
17 NO REPORTABLE ACTIVITY	Check here if no reportable activity occurred during this reporting			
18 CONTRIBUTION TOTALS	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LEPLEDGES, LOANS, OR GUARANTEES OF LOANS),	UNLESS ITEMIZED S		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEE)	50.00 s of Loans) \$ 2/50.00		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS	\$ 469,67		
	4. TOTAL POLITICAL EXPENDITURES	\$ 21287/		
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LAST DAY OF THE REPORTING PERIOD-	LOANS AS OF THE		
19 AFFIDAVIT				
	Jeanette Brogdon Notary Public State of Texas My Commission Expires	under penalty of perjury, that the accompanying report and includes all information required to be reported by 5, Election Code. Signature of Candidate or Officeholder		
AFFIX NOTARY STAMP / SEAL ABOVE				
~~ 1 ·	ed before me, by the said $Ricardo Man$	r tinez, this the 16th day forfice.		
Signature of officer adm	Tean + ++ e b % g of ninistering oath Printed name of officer administering	oath Title of officer administering oath		

Texas Ethics Cor	nmission P.O. Box 12070 Austin	, Texas 78711-2070	0 (512) 463	3-5800 1-800-325-850
	CAL CONTRIBUTIONS THAN PLEDGES OR LOAN	SOF SAMANTO	MIO (FOR FOR	SCHEDULE A1 MS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)
The Instruction	N GUIDE explains how to complete this form.	83 17 A II	1 Total pages this S	Schedule A1:
2 FILER NAME			3 ACCOUNT # (EH	
4 Date	5 Full name of contributorout-of-state PAC (ID#_)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
5-21-01	6 Contributor address; City; State; Zip Code 4606 Centinolin No 221 San Onton's	Tos 98218	300.00	
9 Principal occup	pation (Optional)	10 Employer (Option	al)	
Date 5-24-01	Full name of contributor out-of-state PAC (10#_ Richard Marque Z Contributor address; Cfty; State; Zip Code 7202 Comino Grown	8227	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	 pation (Optional)	Employer (Option:	al)	
Date	Full name of contributor out-of-state PAC (ID#:_	try Inc.	Amount of contribution (\$)	In-kind contribution description (if applicable)
5-22-01	Contributor address; City; State; Zip Code 12015 Rudium Dr. Son Ontonio, Gaos 18716		1,000,00	<u> </u>
Principal occup	pation (Optional)	Employer (Option:	ai)	
Date グ-25_0 j	Full name of contributor out-of-state PAC (ID#_Duvid Movine 2 Contributor address; City; State; Zip Code & 50 Always, do Dr. Son Only 19	apes 7914	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation (Optional)	Employer (Option	ai)	
Date 5-24-01	Full name of contributorout-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Option	, ,	
If contr	ATTACH ADDITIONAL COPIE			ing requirements.

PLEDGE	ED CONTRIBUTIONS	. — <u>УПТ</u> ОНІО	(FOR FORMS C/OH,	SCHEDULE B1 sc-c/oh, sc-spac, & spac)
The Instructi	ON GUIDE explains how to complete this form.	77 17:53	1 Total pages this S	
FILER NAM	George O Martinez		3 ACCOUNT # (EH	nics Commission filers)
TO	TAL OF UNITEMIZED PLEDGES: ⇔	\$	D D	\$
Date	6 Full name of pledgorout-of-state PAC (ID#:		8 Amount of pledge (\$)	9 In-kind description (if applicable)
	upation (optional)	11 Employer (option	al)	
Date 10 MJ	Full name of pledgorout-of-state PAC (ID#: Pledgor address; City; State; Zip Code)	Amount of pledge (\$)	In-kind description (if applicable)
Principal occ	upation (optional) Full name of pledgorout-of-state PAC (ID#:	Employer (option	Amount of	In-kind description
ww	Pledgor address; City; State; Zip Code		pledge (\$)	(if applicable)
Principal occ	upation (optional)	Employer (option	nal)	
Date MM	Full name of pledgor out-of-state PAC (ID#: Pledgor address; City; State; Zip Code	e	Amount of pledge (\$)	In-kind description (if applicable)
Principal occ	cupation (optional)	Employer (option	nal)	
	Full name of pledgorout-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
Date	Pledgor address; City; State; Zip Cod	de		

LOANS			CHTY OF	STEELED TO AS ANTONIO	SCHEDULE E
The Instruction Guit	DE explains how to complete this	form.	2001 201	1 Total pages Scho	
2 FILER NAME	ado Mortine			3 ACCOUNT # (Et	hics Commission filers)
4	L OF UNITEMIZED LOAN	1 S: =		\$	\$
5 Date of loan	7 Name of lender		out-of-state PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Z			10 Interest rate
Y N					11 Maturity date
12 Description of Collate	Pral				L
13 GUARANTOR INFORMATION	14 Name of guarantor				16 Amount Guaranteed (\$)
not applicable	15 Guarantor address; City;	1			
17 Principal Occupation	<u> </u>		18 Employer		
Date of loan **MONU**	Name of lender		out-of-state PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City;	State; Z			Interest rate
Y N					Maturity date
Description of Collate	eral		×		<u></u>
GUARANTOR INFORMATION	Name of guarantor	1			Amount Guaranteed (\$)
10 M / □ not applicable		State; Z	ip Code	· • • • • • • • • • • • • • • • • • • •	
Principal Occupation	-		Employer	<u>-</u>	£' -
lf lender	ATTACH ADDITION IS out-of-state PAC, please		PIES OF THIS FORI uction guide for a		g requirements.

POLITIC	CAL EXPENDITURES			SCHEDULE F
	(ANTON	10	
The Instruction	Guide explains how to complete this form.	mm 4" 17 A. 11:	1 Total pages Sc 53 /	hedule F:
2 FILER NAME	Kicardo OMatinez	Very cons		Ethics Commission filers)
4 Date 5-22-01	5 Payee name Lizon dos Print Shop, 6 Payee address; City; State; Zip Code 448 S. Nora St. San Onton	'y TAOS 78223	7	Amount (\$)
8 Purpose of payring required.)	nent (See instructions regarding type of information	9 Complete if direction of the Candidate Officeholder na	ect expenditure to b ame Office	penefit C/OH •• pe sought Office held
Date 5_ 22_0 j	Payee name Da L. Election Senic Payee address; City, State; Zip Code San antonio,			Amount (\$)
required.)	nent (See instructions regarding type of information	** Somplete if direction of the condition of the conditio	ect expenditure to barne Office	enefit C/OH •• e sought Office held
5-25-01	Payee name Munguja Printing Payee address; City; State; Zip Code 2201 Buena Wista St. Son Untonia, Tres 78707			Amount (\$)
Purpose of payri required.)	nent (See instructions regarding type of information		ect expenditure to barne Office	enerfit C/OH •• e sought Office held
Date ブーノウ ~ 0 /	Payee name Mit. Gros - to- 1 5 Payee address; City; State; Zip Code	be.	· · · · · · · · · · · · · · · · · · ·	Amount (\$) 469,67
Purpose of payn required.)	nent (See instructions regarding type of information	•• Complete if dire Candidate / Officeholder na	ect expenditure to barne Office	enefit C/OH •• we sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED				

PAYME TO A E	ENT FROM POLITICAL CONT BUSINESS OF C/OH	RIBUTIONS	}	SCHEDULE H
The Instructi	ION GUIDE explains how to complete this form.		1 Total pages Sci	hedule H:
2 FILER NAM	Al Ricardo Mortiasz		3 ACCOUNT # (E	Ethics Commission filers)
4 Date	5 Business name			7 Amount (\$)
none	6 Business address; City, State; Zip Code	• • • • • • • • • • • • • • • • • • •		
8 Purpose of pay required.)	yment (See instructions regarding type of information	9 ··· Complete Candidate / Officehok	e if direct expenditure der name	e to benefit C/OH •• Office sought Office held
Date	Business name		The state of the s	Amount (\$)
Mong	Business address; City; State; Zip Code			· .
Purpose of pay required.)	/ment (See instructions regarding type of information	•• Complete Candidate / Officehold	if direct expenditure der name	to benefit C/OH Office sought Office held
Date	Business name			Amount (\$)
1011	Business address; City; State; Zip Code			· ·
Purpose of payr required.)	Iment (See instructions regarding type of information	•• Complete i Candidate / Officehold	if direct expenditure er name (to benefit C/OH Office sought Office held
Date	Business name			Amount (\$)
hong	Business address; City; State; Zip Code		÷	: ·
Purpose of payr required.)	ment (See instructions regarding type of information	·· Complete i Candidate / Officeholde	f direct expenditure t er name	to benefit C/OH Office sought Office held
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS	NEEDED	

	OLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	OVED SI: ANTONIO	SCHEDULE I
The Instruction	N GUIDE explains how to complete this form.	1 Total pages Schedule	ı l:
2 FILER NAME		3 ACCOUNT # (Ethics of	Commission filers)
4 Date	5 Payee name 6 Payee address; City; State; Zip Code	8	Amount (\$)
non	7 Purpose of expenditure (See instructions regarding type of information requ	uired.)	
Date	Payee name		Amount (\$)
nons	Purpose of expenditure (See instructions regarding type of information requ	uired.)	
Date 1001	Payee name		Amount (\$)
	Purpose of expenditure (See instructions regarding type of information requ	uired.)	
Date MON	Payee name Payee address; City; State: Zip Code		Amount (\$)
	Purpose of expenditure (See instructions regarding type of information requ	ured.)	
Date A Un	Payee name Payee address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information requ	uired.)	
	ATTACH ADDITIONAL COPIES OF THIS FORM A	S NEEDED	

The Instructi	ION GUIDE explains how to complete this form.	1 Total pages Schedule K:
FILER NAM	Ricardo O. Martie z	3 ACCOUNT # (Ethics Commission filers) 878/86-00
Date	5 Payor name 6 Payor address; City; State; Zip Code	8 Amount (\$)
M	7 Reason for credit	
Date	Payor name Payor address; City; State; Zip Code	Amount (\$)
rong	Reason for credit	
Date	Payor name	Amount (\$)
·	Reason for credit	
Date	Payor name Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	
Date	Payor name	Amount (\$)
her	Payor address; City; State; Zip Code Reason for credit	<u>-</u>
	Treason or dedic	

(512)463-5800

ĺ		IDIDATE / OFFICEHOLDER REPORT:	FORM C/OH - FR			
	DES	SIGNATION OF FINAL REPORT				
		struction Guide explains how to complete this form. plete only if "Report Type" on page 1 is marked "Final Report" ••	NIO			
1	C/OH N	AME 2001 JUL 17 A 11	3 3CCOUNT #(Ethics Commission filers)			
3	SIGNA	TURE	020.00			
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.					
		Signature of	Candidate / Officeholder			
		Olginata o	oundation official			
4		WHO IS NOT AN OFFICEHOLDER olete A & B below <i>only</i> if you are a candidate ••				
	A.	CAMPAIGN FUNDS				
	Checi	only one:				
		I do not have unexpended contributions or unexpended interest or income earned from political	Il contributions.			
	떷	I have unexpended contributions or unexpended interest or income earned from political contributions or unexpended interest or income earned on political also understand that I must file an annual report of unexpended contributions and that I may not unexpended interest or income earned on political contributions longer than six years after understand that I must dispose of unexpended political contributions and unexpended interest contributions in accordance with the requirements of Election Code, § 254.204.	al contributions to personal use. I ot retain unexpended contributions or filing this final report. Further, I			
	В.	ASSETS				
	Checl	only one:				
	M	I do not retain assets purchased with political contributions or interest or other income from po	litical contributions.			
		I do retain assets purchased with political contributions or interest or other income from political may not convert assets purchased with political contributions or interest or other income from use. I also understand that I must dispose of assets purchased with political contributions in at Election Code, § 254.204.	political contributions to personal			
		Signe	ature of Candidate			
5		EHOLDER olete this section <i>only</i> if you are an officeholder ••	er F			
		I am aware that I remain subject to filing requirements applicable to an officeholder who does not h	ave a campaign treasurer on file.			
		Signat	ture of Officeholder			

Texas Ethics Commission

CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

FORM C/OH COVER SHEET PG 1

(512) 463-5800

The C/OH INSTRUCTIO this form.	N Guide explains how to complete 1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:			
3 CANDIDATE/ OFFICEHOLDER	TITLE FIRST MI	OFFICE USE ONLY			
NAME	NICKNAME LAST SUFFIX	Date Received			
	Martinez				
4 CANDIDATE/ OFFICEHOLDER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	Date Hand-delivered or Date Postmarked			
Change of Address	Sun Antonia TX 7821				
5 CAMPAIGN TREASURER	TITLE FIRST MI				
NAME	NICKNAME LAST SUFFIX	Receipt # Amount Date Processed			
	Palacies III	Date Imaged			
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE;	ZIP CODE			
TREASURER ADDRESS (Residence or business)	3335 Sackwille				
(Nesidense er saannees)	San Antonio Tx	78247			
7 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER EXTENSION				
PHONE	()				
8 REPORTTYPE	January 15 30th day before election Runoff	15th day after campaign treasurer appointment (officeholder only)			
	July 15 Sth day before election Exceeded \$500 limit	Final report (Attach C/OH - FR)			
9 PERIOD COVERED	,	ay Year			
10 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year	Label en et			
	25/29/01 Primary Runoff	General Special			
11 OFFICE	OFFICE HELD (If any) 12 OFFICE SOUGHT (If k	Geneil Pist 4			
13 NOTICE OF DIRECT CAMPAIGN	•• Direct campaign expenditures are campaign expenditures made by others without the Candidates are required to disclose this information only if they receive notification of the	candidate's prior consetted approval- direct campaign expenditure.			
EXPENDITURE BY OTHER	Name	\$ 5 99			
INDIVIDUALS	NA	21 555			
	Address / PO Box; Apt. / Suite #; City; State; Zip Code	の言葉の			
additional pages		t: 2			
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15 A	CCOUNT # (Ethics Commission filers)
16 NOTICE FROM POLITICAL	may have been made	ice of political expenditures by political committees to support the candidate / without the candidate's or officeholder's knowledge or consent. Candidates are they receive notice of such expenditures.	officeholder. <i>These expenditures</i> and officeholders are required to report
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	
·	GENERAL	COMMITTEE ADDRESS 115 E Sayers SA	do Plantinez
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	TX 78214
additional pages	:	Henry Polacius	
		3335 Seeleville SA	Tx 78247
17 NO REPORTABLE ACTIVITY	Check here if r	no reportable activity occurred during this reporting period. (Sign affidavit below an	
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S. LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 3600
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3600
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 4839.60
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ 2614.00
19 AFEDDAVITO			
GAN CO		I swear, or affirm, under penalty of perjuing is true and correct and includes all inform me under Title 15, Election Code.	
1 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2			
		Signature of Candidate	or Officeholder
[] 300 500 500			
AFFIX NOTARY STAMP	/ SEAL ABOVE	_ , 1	
Sworn to and subscribe	ed before me, by	the said RICIARDO MARTINEZ, th	nis the 21-tday
of MAY, 20		tify which, witness my hand and seal of office.	
Carlo S-	Le Dale	CARLOS S. ZAPATA Notary Public, State of Texas My Commission Expires	
Signature of officer adm	ninistering oath	Printed Application of Officer administration of Officer administratio	officer administering oath

POLITICAL CONTRIBUTIONS

Austin, Texas 78711-2070

SCHEDULE A1

1-800-325-8506

(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

OTHER	THAN PLEDGES OR LOANS	6		S C/OH, C/OH-SS, SC-C/OH, C-SPAC, SPAC, & SPAC-SS)	
The Instruction	N GUIDE explains how to complete this form.		1 Total pages this Schedule A1:		
FILER NAME	cardo Martinez		3 ACCOUNT # (Ethic	s Commission filers)	
Date 5 6-01	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
Principal occup	pation (Optional)	10 Employer (Optional	ai)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Contributor address; City; State; Zip Code		 		
Principal occu	pation (Optional)	Employer (Optiona	al)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Contributor address; City; State; Zip Code		 		
Principal occu	pation (Optional)	Employer (Option	al)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Contributor address; City; State; Zip Code		 	COTTOLE COTTOLE COTTOLE	
Principal occu	pation (Optional)	Employer (Option	al)		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of contribution (\$)	In-Rind contribution description (if applicable)	
	Contributor address; City; State; Zip Code				
	 pation (Optional)	Employer (Option	<u> </u> al)		

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

(512) 463-5800

PLEDGE	D CONTRIBUTIONS	(FC	OR FORMS C/OH,	SCHEDULE B1 SC-C/OH, SC-SPAC, & SPAC)
The Instructio	N GUIDE explains how to complete this form.	1	Total pages this S	Schedule B1:
2 FILER NAMI		3	ACCOUNT # (Eth	
	Dicardo Martonia		828	186
4 TOT.	AL OF UNITEMIZED PLEDGES:		> ⇒	\$
5 Date	6 Full name of pledgor Out-of-state PAC (ID#:) 8	Amount of pledge (\$)	9 In-kind description (if applicable)
5-12-4	7 Pledgor address; City; State; Zip Code		/ 50	
	928 900mx Ave			
10 Principal occup	SA 74 787,C	11 Employer (optional)		
To Thioparocoup	- Cabara way	(٥٥٠١٥٠)		
5-17-31	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
, , ,	Attorney At Lac			
Principal occup	pation (optional)	Employer (optional)		
Date	Full name of pledgor Out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
5-12.4			50	
Principal occur	SA TX 78204 pation (optional)	Employer (optional)		
;				
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
5-14 01	Pledgor address; City; State; Zip Code	207	50	 -
Principal occup	pation (optional)	Employer (optional)		
Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of pledge (\$)	In-kind description
	Pledgor address; City; State; Zip Code			CONTROLLY CONTROLLY CANADA CAN
Principal occu	pation (optional)	Employer (optional)		U RATE
If cont	ATTACH ADDITIONAL COPIES ributor is out-of-state PAC, please see instru			ing requirements.

PLEDGE	ED CONTRIBUTIONS		(FOR FORMS C/OH	SCHEDULE B1 I, SC-C/OH, SC-SPAC, & SPAC)
The Instruction	ON GUIDE explains how to complete this form.		1 Total pages this	Schedule B1:
2 FILER NAM	F,		3 ACCOUNT# (E	thics Commission filers)
	ando Martinez		1	-186
_				··· · · · · · · · · · · · · · · · · ·
101	AL OF UNITEMIZED PLEDGES:	\$ \$ \$	⇔ ⇔	\$ 200 CT
5 Date	6 Full name of pledgorout-of-state PAC (ID#:		8 Amount of pledge (\$)	9 In-kind description (if applicable)
5 1a	Panel Martinez 7 Pledgoraddress; City; State; Zip Code 11576 Whisper Mass			3 300
2-10.01	7 Pledgor address; City; State; Zip Code	9	1,800	- 22
,			'	マ皇皇
	San Adams Tx 782	30		
10 Principal occup	pation (optional)	11 Employer (option	l nal)	2 6
				0
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description
- 10	Full name of pledgor out-of-state PAC (ID#:		piedge (\$)	(if applicable)
5-1701	Pledgor address; City; State; Zip Code	Э	400	
	250 River, D1		100	1
	San Antonia Tro 782	14		<u> </u>
Principal occup	pation (optional)	Employer (option	nal)	
Date	Full name of pledgor Out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
5-16-4	1 601 12 Har box	,	200	
	SAN ANDONO TRO 78	5214		1
Principal occup	pation (optional)	Employer (option	l	
Date	Full name of pledgorput-of-state PAC (ID#:		Amount of	In-kind description
		· · · · · · · · · · · · · · · · · · ·	pledge (\$)	(if applicable)
	Pledgor address; City; State; Zip Code	•		
				}
				; 1
Principal occup	pation (optional)	Employer (option	al)	
Date	Full name of pledgorout-of-state PAC (ID#:	1	Amount of	In-kind description
			pledge (\$)	(if applicable)
	Pledgor address; City; State; Zip Code	······		
				1
	Je			
Principal con-	pation (optional)	I		1
concepts occup	auon (optoral)	Employer (option	aı)	
If contr	ATTACH ADDITIONAL COPIE			ling requirements.

PIFD	GFD	CON	TRIRI	JTIONS	:
FLLD	ULV	CUIT	I I NIDI		3

SCHEDULE B1

			(FOR FORMS COR,	sc-con, sc-spac, a spac)
The Instruction	N GUIDE explains how to complete this form.		1 Total pages this S	chedule B1:
2 FILER NAME	Ricardo Martinez		cs Commission filers)	
4 тот/	AL OF UNITEMIZED PLEDGES:	\$ \$ \$	D D	\$
5 Date	6 Full name of pledgor □out-of-state PAC (ID#:		8 Amount of pledge (\$)	9 In-kind description (if applicable)
10 Principal occup	ation (optional)	11 Employer (options	ai)	
Date グ・18・41	Full name of pledgor Out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
Principal occup	eation (optional)	Employer (options	al)	
5-18-01	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
Principal occup	SAN Anders of TX 78 ation (optional)	Employer (options	ai)	
Date 5-17-01	Full name of pledgor Out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
Principal occup	ation (optional)	Employer (options	d)	200
	Full name of pledgor out-of-state PAC (IDA:_AFF! nel General Control in Pledgor address; City; State; Zip Cod ZUIS Rodium Or SAN Amon To 7821	.,	Amount of pledge (\$)	In-kind description OR (if applicable) CRIX ANTON
Principal occup	ation (optional)	Employer (optiona	ul)	20
If contri	ATTACH ADDITIONAL COPIE ibutor is out-of-state PAC, please see insti			ng requirements.

LOANS				SCHEDULE E
The Instruction Guid	E explains how to complete this form.		1 Total pages Sched	dule E:
2 FILER NAME	4-44-5-44-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4		3 ACCOUNT # (Eth	ics Commission filers)
<i>[</i> Z,*	cords Mustinez		828	186
4 TOTA	L OF UNITEMIZED LOANS:	>		\$ 1500
5 Date of loan	7 Name of lender	out-of-state PAC (ID#:)	9 Loan Amount (\$)
5-6.01	Daniel Ma	rtinez		1500
6 Is lender a financial Institution?	8 Lender address; City; State; Z 11526 Wh. 5 Pm	Cip Code		10 Interest rate
Y (N)	C 1 -	230		11 Maturity date
12 Description of Collate				
none			_	
13 GUARANTOR INFORMATION	14 Name of guarantor			16 Amount Guaranteed (\$)
not applicable	15 Guarantor address; City; State; Z			
17 Principal Occupation		18 Employer		
Date of loan	Name of lender	out-of-state PAC (ID#:)	Loan Amount (\$)
ls lender a financial Institution?				Interest rate
Y N				Maturity date
Description of Collate	ral			
none				
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
☐ not applicable	Guarantor address; City; State; Z			RESEN OFF SAN OFF SAN
Principal Occupation		Employer		P L
				: 20
If lender	ATTACH ADDITIONAL COI is out-of-state PAC, please see instr		-	requirements.
1				

1-800-325-8506 POLITICAL EXPENDITURES SCHEDULE F Total pages Schedule F: The INSTRUCTION GUIDE explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (Ethics Commission filers) 1.00 City; State; Zip Code SA 7x78211 Purpose of payment (See instructions regarding type of information Complete if direct expenditure to benefit C/OH •• required.) Candidate Officeholder name Office held **Amount** (\$) Payee address; Purpose of payment (See instructions regarding type of information Complete if direct expenditure to benefit C/OH ... Candidate / Officeholder name Office held Date Payee name Amount (\$) 01 Purpose of payment (See instructions regarding type of information Complete if direct expenditure to benefit C/OH •• required.) Candidate / Officeholder name Office held Date Payee name Tyins Times City; State; Zip Code 5-1701 Payee address; Box 5100 SA TX 78201 Complete if direct expenditure to benefit C/OH Candidate Office sought Purpose of payment (See instructions regarding type of information required.)

POLITIC	CAL EXPENDITURES			SCHEDULE F
The Instruction	N GUIDE explains how to complete this form.		1 Total pages S	chedule F:
2 FILER NAME	Ricrido Murtinez			(Ethics Commission filers)
4 Date	5 Payee name Manyu Pante 6 Payee address; City; State; Zip Code			Amount (\$)
8 Purpose of pay required.)	ment (See instructions regarding type of information		rect expenditure to	
required.)		Candidate / Officeholder n	name Of	ice sought Office held
Date	Payee name			Amount (\$)
	Payee address; City; State; Zip Code			
				200
Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete if di Candidate / Officeholder n	rect expenditure to name Of	benefit O/OH 30 70 Fine held
Date	Payee name Payee address; City; State; Zip Code			Amount III ONIO
Purpose of pay required.)	ment (See instructions regarding type of information	↔ Complete if di Candidate / Officeholder n	rect expenditure to ame Off	benefit C/OH •• ince sought Office held
Date	Payee name			Amount (\$)
	Payee address; City; State; Zip Code		-	1 5
Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete if di Candidate / Officeholder n	rect expenditure to lame Of	benefit C/OH lice sought Office held
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS N	EEDED	

POLITICAL EXPENDITURES

SCHEDULE G

MADE	-ROM PERSONAL FUNDS		
The Instruction	GUIDE explains how to complete this form.	1 Total pages Sched	dule G:
2 FILER NAME	Ricardo Murtinez	3 ACCOUNT # (Eth	ics Commission filers)
4 Date 5-17-4	5 Payee name Flooreles front Shell 6 Payee address; City; State; Zip Code 4418 Jo Presa SAT		8 Amount (\$)
	7 Purpose of expenditure (See instructions regarding type of information req	uired.)	Reimbursement from political contributions intended
5-17-	Payee name South 5: do Repurter Payee address; City; State; Zip Code		Amount (\$)
01	Purpose of expenditure (See instructions regarding type of information req	uired.)	Reimbursement from political contributions intended
5-12.01	Payee address; City; State; Zip Code 2201 Burn Usla SA		490 - 0 U
	Purpose of expenditure (See instructions regarding type of information req		Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	<i>≯</i>	Amount (\$)
5-16-01	Purpose of expenditure (See instructions regarding type of information real many of the contraction of the c	x 78 267 quired.)	Reimbursement from political contributions intended
Date	Payee name		Amount (\$)
	Purpose of expenditure (See instructions regarding type of information red ATTACH ADDITIONAL COPIES OF THIS FORM		Reimbursement I from political V contributions V intended V V V V V V V V V V V V V V V V V V
}			

		NT FROM POLITICAL CONT USINESS OF C/OH	RIBUTIONS		' SCHEDULE H
	The Instruction	N GUIDE explains how to complete this form.		1 Total pages Sche	edule H:
2	FILER NAME	Ξ		3 ACCOUNT # (Et	hics Commission filers)
4	Date	5 Business name			7 Amount (\$)
		6 Business address; City; State; Zip Code			
8	Purpose of payi required.)	L ment (See instructions regarding type of information	9 •• Complete Candidate / Officeho	e if direct expenditure Ider name	to benefit C/OH •• Office sought Office held
	Date	Business name	•		Amount (\$)
		Business address; City; State; Zip Code			
	Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete Candidate / Officeho	e if direct expenditure Ider name	to benefit C/OH •• Office sought Office held
	Date	Business name			Amount (\$)
		Business address; City; State; Zip Code			
	Purpose of pay- required.)	ment (See instructions regarding type of information	•• Complet Candidate / Officeho	e if direct expenditure Ider name	to benefit C/OH •• Office sought Office held
	Date	Business name	•		Amount (\$)
		Business address; City; State; Zip Code			RECEIVED OF SAN ANT ON YOLERK INY 21 P
	Purpose of pay required.)	ment (See instructions regarding type of information	•• Complet Candidate / Officeho	e if direct expenditure Ider name	to benefit C/OH Office sought Office
		ATTACH ADDITIONAL COPIE	S OF THIS FORM	AS NEEDED	

Printed on recycled paper

Revised 04/03/2000

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

•	\sim	ш		1	Е	ı

The Instruct	ION GUIDE explains how to complete this form.	1 Total pages Schedule I:	
FILER NA	ME	3 ACCOUNT # (Ethics Commission filers)	
Date	5 Payee name	8 Amount (\$)	
	6 Payee address; City; State; Zip Code		
	7 Purpose of expenditure (See instructions regarding type of inform	ation required.)	
Date	Payee name	Amount (\$)	
	Payee address; City; State; Zip Code		
	Purpose of expenditure (See instructions regarding type of inform	ation required.)	
Date	Payee name	Amount (\$)	
	Payee address; City; State; Zip Code		
	Purpose of expenditure (See instructions regarding type of inform	ation required.)	
Date	Payee name	Amount (\$)	
	Payee address; City; State; Zip Code		
	Purpose of expenditure (See instructions regarding type of inform	ation required.)	
Date	Payee name	Authount (\$)	<u> </u>
	Payee address; City; State; Zip Code	#	
	Purpose of expenditure (See instructions regarding type of inform	₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩	VED VED
		2	5
	ATTACH ADDITIONAL COPIES OF THIS I	FORM AS NEEDED	

Printed on recycled paper

Revised 1997

	CREDIT	rs (optional)	SCHEDULE K
	The Instruction	GUIDE explains how to complete this form.	1 Total pages Schedule K:
2	FILER NAMI	Ξ	3 ACCOUNT # (Ethics Commission filers)
4	Date	5 Payor name 6 Payor address; City; State; Zip Code	8 Amount (\$)
		7 Reason for credit	
	Date	Payor name Payor address; City; State; Zip Code	Amount (\$)
		Reason for credit	
	Date	Payor name	Amount (\$)
		Reason for credit	
	Date	Payor name Payor address; City; State; Zip Code	Amount (\$)
		Reason for credit	
	Date	Payor name	Amount CITY OF SA
		Reason for credit	I P 4 21
		ATTACH ADDITIONAL COPIES OF THIS FORM AS	S NEEDED

CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH - FR

	DES	IGNATION OF FINAL REPORT					
		The Instruction Guide explains how to complete this form. ⊶ Complete only if "Report Type" on page 1 is marked "Final Report" ⊶					
1	C/OH N	AME	2 ACCOUNT #(Ethics Commission filers)				
3	SIGNA	TURE					
	a repo	ot expect any further political contributions or political expenditures in connection with my court as a final report terminates my campaign treasurer appointment. I also understan outions or make any campaign expenditures without a campaign treasurer appointment or	d that I may not accept any campaign				
		Signate	ure of Candidate / Officeholder				
4		WHO IS NOT AN OFFICEHOLDER olete A & B below <i>only</i> if you are a candidate ••					
	A.	CAMPAIGN FUNDS					
	Checi	conly one:					
		I do not have unexpended contributions or unexpended interest or income earned from p	political contributions.				
		I have unexpended contributions or unexpended interest or income earned from political convert unexpended political contributions or unexpended interest or income earned on also understand that I must file an annual report of unexpended contributions and that I or unexpended interest or income earned on political contributions longer than six year understand that I must dispose of unexpended political contributions and unexpended contributions in accordance with the requirements of Election Code, § 254.204.	political contributions to personal use. I may not retain unexpended contributions rs after filing this final report. Further, I				
	В.	ASSETS					
	Chec	conly one:					
		I do not retain assets purchased with political contributions or interest or other income fr	om political contributions.				
		I do retain assets purchased with political contributions or interest or other income from pmay not convert assets purchased with political contributions or interest or other incomuse. I also understand that I must dispose of assets purchased with political contribution Election Code, § 254.204.	e from political contributions to personal				
			Signature of Candidate				
5		EHOLDER	TO REPUBLICATION OF THE PROPERTY OF THE PROPER				
	•• Com	olete this section <i>only</i> If you are an officeholder ••	t ON				
			21				
		I am aware that I remain subject to filing requirements applicable to an officeholder who doe	s not have a campaign treasurer on file.				
			Signature of Officeholder				

CANDIDA	FORM C/OH COVER SHEET PG 1		
The C/OH INSTRUCT this form.	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER	TITLE FIRST	MI A	OFFICE USE ONLY
NAME	NICKNAME LAST MAVITURE Z	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER ADDRESS Change of Address	154 Todal St. Son Cast	ONO, TOPOS 98214	Date Hand-delivered or Date Postmarked
5 CAMPAIGN	TITLE FIRST	MI	
TREASURER NAME	Henry		Receipt # Amount
	NICKNAME LAST POLOCIOS	SUFFIX	Date Processed
	PoloCios		Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or busines	street address (NO PO BOX PLEASE): APT / SU 335 Sacku'//e San		ZIP CODE 78247
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (2/0) 545-5242	EXTENSION	
8 REPORTTYPE	January 15 30th day before election	on Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
9 PERIOD COVERED	Month Day Year O4 / 6 / 0 / THRO	OUGH 4/2C	Year / O /
10 ELECTION			General Special
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if know	wil Det 4#
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE	Direct campaign expenditures are campaign expected to disclose this information.	only if they receive notification of the dir	ect campaign expenditure. ••
BY OTHER INDIVIDUALS	Name		<u> </u>
additional pages	Address / PO Box; Apt. / Suite #; City; State;	Zip Code	
	GO ТО	PAGE 2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

	<u> </u>			OOVER ONLET PO 2
14 C/OH NAME	L. (Ma	dia .	1	15 ACCOUNT #(Ethics Commission filers)
16 NOTICES FROM	This box is for notic may have been made	e of political expenditures by political committee ithout the candidate's or officeholder's knowled ney receive notice of such expenditures.		
PECEL WWOOD	COMMITTEE TYPE	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE ADDRESS	als Matri	
C117Y	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	Paper, 6	78214
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS, 3335 SOLKWILL	San O. I'm	19 Texos 78247
17 NO REPORTABLE ACTIVITY	Check here if no	reportable activity occurred during this reporting	g period. (Sign affidavit belov	w and submit pages 1 and 2 only.)
18 CONTRIBUTION TOTALS		ILITICAL CONTRIBUTIONS OF \$50 OR LI , LOANS, OR GUARANTEES OF LOANS)		\$4450.00
		OLITICAL CONTRIBUTIONS HAN PLEDGES, LOANS, OR GUARANTE	ES OF LOANS)	\$4450.00
EXPENDITURE TOTALS	3. TOTAL PO	LITICAL EXPENDITURES OF \$50 OR LE	SS, UNLESS ITEMIZE	\$ 31.00
	4. TOTAL F	OLITICAL EXPENDITURES		\$4693,80
OUTSTANDING LOAN TOTALS		INCIPAL AMOUNT OF ALL OUTSTANDIN OF THE REPORTING PERIOD	IG LOANS AS OF THE	\$ 5,200.00
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.				
			Signature of Candida	ete or Officeholder
AFFIX NOTARY STAMF		e said Ricalde G	JART, NOZ.	this the day
I Y	_ *	y which, witness my hand and seal CAR Notary	of office RLOS S. ZAPATA Public, State of Texas	
Signature of officer ad	ministering oath	Printed name of Company administering	ommission Expires May 31, 2001	officer administering oath

POLITICAL CONTRIBUTIONS

P.O. Box 12070

SCHEDULE A1

OTHER	THAN PLEDGES OR LOAN	S		AS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)
The Instruction	Guide explains how to complete this form.		1 Total pages this S	Schedule A1:
2 FILER NAME	:	· · · · · · · · · · · · · · · · · · ·	3 ACCOUNT # (Eth	ics Commission filers)
	a.d.L.		028	18600
Kicavdo	U. Williams Z	······································	00.0.	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	,	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4-17-01	Son antonio, Soulet lealle 6 Contributor address; City; State; Zip Code 9110 1-410W. Son antonio, Tro	ns 5 78230	750.00	
9 Principal occup	pation(Optional)	10 Employer (Option	nal)	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of	In-kind contribution
Date	Full name of contributor		contribution (\$)	description (if applicable)
4-18-01	Contributor address; City; State; Zip Code 617W. Visto/ Son On One	1 Tras 78211	1,00.00	OLTY OFF
Principal occup	pation (Optional)	Employer (Option	nal)	W 077
	etial,	<u> </u>		m ₂ n
948-01	Full name of contributor out-of-state PAC (ID#:	Wos 78914	Amount of contribution (\$)	In-kind contributed description (if applicable)
	pation (Optional)	Employer (Option	nal)	
	okanov.	673		
Date 4-20.01	Full name of contributor out-of-state PAC (ID#:_ Gri / Gumo Od vigue Z Contributor address; City; State; Zip,Code 7/0 W. Misttos Son (In Out o	ans, 9707	Amount of contribution (\$)	in-kind contribution description (if applicable)
Principal occup	pation (Optional)	Employer (Option	nal)	
Date 4-10-01	Full name of contributorout-of-state PAC (ID#_ Mh. Juen		Amount of contribution (\$)	In-kind contribution description (if applicable)
	/ war on o, Of	9		
Principal occup	Ation (Optional)	Employer (Option	nal)	
147		<u> </u>		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Purpose of payment (See instructions regarding type of information

-- Complete if direct expenditure to benefit C/OH --Office squalit Candidate / Officeholder name

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

required.)

Office held

Texas Ethics Con	nmission P.O. Box 12070 Au	stin, Texas 7871	11-2070	(512) 463-5800	1-800-325-8506
POLITICAL EXPENDITURES RECEIVEGHEDULE F CITY OF SAN ANTONIO CITY CLERK					HEDULE F
The Instruction	N GUIDE explains how to complete this fo	orm.		Total pages Schedule F	: 17
2 FILER MAME	lo Matinez			3 ACCOUNT # (Ethics Con 828/86-	0
4 Deto	5 Payee name D. o. L. b. lett 1 v. 6 Payee address; City; State Sencles	e; Zip Code Sonjo, G#			Amount (\$)
required.)	ment (See instructions regarding type of in		Candida / Officeholder n	ect expenditure to benefit C ame Office sought	OH ↔ Office held
Dete 4-7201	Payee name South 5, d. L. Co. Payee address; City, State 2203 S. Hackler	Jar 12 Sup Code 12 Sun la	tinso by 782	18.	Amount (\$)
required.)	ment (See instructions regarding type of in		Candida / Officeholder n	ect expenditure to benefit C arne Office sought	/OH ⊶ Office held
Date 4-14	Payee name MC Coglife Payee address; City; State 82/2 S. Rees Ut	e; Zip Code	is, 405 78	2	Amount (\$)
required.)	ment (See instructions regarding type of in		Complete if dir Candidate / Officeholder n	rect expenditure to benefit C ame Office sought	/OH Office held
Date 4-2/	Payee address; City; State 787 fair S. U	teris Os	7822	3 - 60	Amount (\$)
required.)	ment (See instructions regarding type of in	1 /	Candidate) Officeholder n	rect expenditure to benefit C same Office sought	/OH Office held
	ATTACH ADDITION	NAL COPIES OI	F THIS FORM AS N	EEDED	

exas Ethics Commis		Austin, Texas 78711-2070	(512) 40	63-5800 1-800-325-850
LOANS	(RECEIVED OITY OF SAN ANTONIO CITY CLERK		SCHEDULE E
The Instruction Guir	e explains how to complete	2001 APR 30 PH: 11	1 Total pages Scho	adule E:
			3 ACCOUNT# (Et	hice Commission filers)
FILER NAME	or to Mostine	7	•	196-00
TOTAL	L OF UNITEMIZED L	OANS: ⇔ ⇔ ⇔	\$	\$
Date of loan 4~ (0.0)	7 Name of lender Ray Valodo	out-of-state PAC (ID#:_)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City			10 Interest rate
Y N	1430 Janeo ,)k Jan Vik "11", Us	<i>5 18114</i>	11 Maturity date /2-0/
12 Description of Collate	eral			
none				
13 GUARANTOR INFORMATION not applicable	14 Name of guarantor			16 Amount Guaranteed (\$)
17 Principal Occupation		18 Employer		
Date of loan	Name of lender	Out-of-state PAC (ID#:_)	Loan Amount (\$)
ls lender a financial Institution?	Lender address; City	State; Zip Code	······································	2000,00
Ø N	11526 Whize	ner Moss San Outo	n'e Gras 78230	Maturity date / 2- 0 /
Description of Collate	eral			
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
not applicable		r; State; Zip Code		
Principal Occupation		Employer	3	e · ·

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-POLITICAL EXPENDITURES SUTIOBECEIVED ANTONIO

SCHEDULE I

The Instruct	ION GUIDE explains how to complete this form.	e l:
FILER NAM		Commission filers)
Date	5 Payee name 8	Amount (\$)
nen	6 Payee address; City; State; Zip Code	-
	7 Purpose of expenditure (See instructions regarding type of information required.)	
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
per		
	Purpose of expenditure (See instructions regarding type of information required.)	
Date	Payee name	Amount (\$)
w	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	
Date	Payee name	Amount (\$)
~	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	
Date	Payee name	Amount (\$)
200	Payee address; City; State; Zip Code	¢ "
	Purpose of expenditure (See instructions regarding type of information required.)	
	ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED	

		IDIDATE / OFFICEHOLDER REPORT: RECEIVED FORM C/OH - FR SIGNATION OF FINAL REPORT CITY OF SAN ANTONIO CITY CLERK
	The ins	struction Guide explains how to complete this form. //// раборания до разветия до развети
1	C/OH N	AME 828 USI-OC 12 ACCOUNT #(Ethics Commission filers) 828 USI-OC
3	SIGNA	
	а геро	of expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating out as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign butions or make any campaign expenditures without a campaign treasurer appointment on file. Signature of Candidate / Officeholder
4		WHO IS NOT AN OFFICEHOLDER olete A & B below <i>only</i> if you are a candidate ••
	A.	CAMPAIGN FUNDS
	Check	coniy one:
		I do not have unexpended contributions or unexpended interest or income earned from political contributions.
		I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.
	В.	ASSETS
	Check	conly one:
		I do not retain assets purchased with political contributions or interest or other income from political contributions.
		I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.
		Signature of Candidate
5		EHOLDER plete this section <i>only</i> if you are an officeholder ••
		I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file.
		Signature of Officeholder